family compass

PARENT AIDE PROGRAM REFERRAL FORM

Please Return to jpantoja@family-compass.org or fax to 214-824-6901

DATE RECEIVED AT FAMILY COMPASS: _____

FAMILY NAME: _____

NAME OF PERSON MAKING REFERRAL: _____ AGENCY/ORGANIZATION: _____

PHONE:_____ EXT: _____ E-MAIL ADDRESS: _____

DATE OF LAST IN-PERSON CONTACT WITH FAMILY: _____

MOTHER:_____
ADDRESS:_____
CITY:_____ ZIP:_____
PHONE:_____ CELL: _____
DOB:_____ RACE:_____
MARITAL STATUS: _____
LANGUAGE: ENGLISH:_____ SPANISH:_____
EMPLOYED/SCHOOL:_____ HOURS: _____
MILITARY STATUS: _____
ALCOHOL/DRUGS:_____ TREATMENT? _____
IF IN TREATMENT, WHERE? _____
DOMESTIV VIOLENCE: VICTIM: _____ PERPETRATOR:_____
MEDICAL DIAGNOSIS: _____
MENTAL HEALTH DIAGNOSIS:_____
CRIMINAL HISTORY:_____

FATHER:_____
ADDRESS: _____
CITY: _____ ZIP: _____
PHONE: HOME: _____ CELL: _____
DOB:_____ RACE: _____
MARITAL STATUS: _____
LANGUAGE: ENGLISH: _____ SPANISH: _____
EMPLOYED/SCHOOL: _____ HOURS: _____
MILITARY STATUS:_____
ALCOHOL/DRUGS: _____ TREATMENT? _____
IF IN TREATMENT, WHERE? _____
DOMESTIV VIOLENCE: VICTIM: _____ PERPETRATOR:_____
MEDICAL DIAGNOSIS: _____
MENTAL HEALTH DIAGNOSIS:_____
CRIMINAL HISTORY:_____

SIGNIFICANT OTHERS:_____
HOUSING: HOUSE: _____ APT: _____ TRAILER: _____ WATER: _____ ELECTRICITY/GAS: _____
ANY HISTORY OF OPEN OR PAST CPS?_____
OF CHILDREN: _____

CHILD'S NAME	DOB	GENDER	RACE	AT HOME	HOSPITAL	OTHER PLACEMENT
1.						
2.						
3.						
4.						

Family Compass
4210 Junius Street Dallas, Texas 75246
214-370-9810 ♦ Fax 214-824-6901
www.family-compass.org

5. _____ _____ _____ _____ _____ _____ _____

OTHER HOUSEHOLD MEMBERS:

RELATIONSHIP TO CHILDREN/FAMILY:

1. _____ _____ _____ _____ _____
2. _____ _____ _____ _____ _____
3. _____ _____ _____ _____ _____

DESCRIPTION OF FAMILY CONCERNS:

DESCRIPTION OF SERVICES IMPLEMENTED BY REFERRING AGENCY (if applicable) PLEASE EXPLAIN:

SERVICE RECOMMENDATIONS FOR THE FAMILY:

PLEASE ATTACH A COPY OF AS MANY OF THESE REPORTS AS POSSIBLE OR APPLICABLE:

_____ ARD/IEP DOCUMENTS
_____ CHILD ASSESSMENT
_____ FAMILY ASSESSMENT
_____ PSYCHOLOGICAL ASSESSMENT
_____ POLICE REPORT
_____ MISC. OR OTHER NECESSARY INFORMATION